MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

10/538911 FILING DATE 14 JUN 2005

APPLICANT(S)

(FOR USE WITH FORM PTO-875)

CLAIMS														
	AS FILED		AFTER 1"AMENDMENT		AFTER 2 MAMENDMENT				AS FILED		AFTER 1* AMENDMENT		AFTER 2 MAMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
2								51						
3		7						52 53						
4		7						54						
5		/						55						
7		1,						56						
8		-/-						57 58						
9		1						59						
10 11		- /						60						
12								61 62						
13		7						63						
14								64						
15 16								65						
17		- 			\vdash			66 67						
18					<u> </u>			68						
19								69						
20 21		-/-						70						
22								71 72						
23								73						
24								74						
25 26								75						
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31							ŀ	80 81						
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47							Ţ	97						
48			-		\rightarrow		- 1	98 99						
50								100	-		-		-	
TOTAL IND.	3	1		1				TOTAL						
TOTAL		, *		_ 		_		IND. TOTAL		~]		▼]		▼
DEP.	18 -	•		•		•	L	DEP.		<u>←</u>	 ,	+		+
TOTAL CLAIMS	21.							TOTAL CLAIMS						
PTO - 1360	(REV. 11/04)									MENT of CO			